



15 Roszel Rd, Ste 105, Princeton, NJ 08540 / P 609.318.5500 / [trinityconsultants.com](http://trinityconsultants.com)

July 30, 2020

United States Environmental Protection Agency  
Region II  
Air Compliance Branch  
290 Broadway  
New York, New York 10007-1866

*RE: Atlantic County Utilities Authority (ACUA) – PI Number: 70506  
Permit Activity Number BOP180001  
1<sup>st</sup> 2020 Semi-Annual Deviation, NSPS, and SSM Reports*

To whom it may concern:

On behalf of the Atlantic County Utilities Authority (ACUA), Trinity Consultants (Trinity) hereby submits the first 2020 Semi-Annual Deviation, New Source Performance Standards (NSPS) and Startup, Shutdown and Malfunction (SSM) Reports for the ACUA - Egg Harbor Township facility, as required under Condition 13 of Subject Item FC, and Conditions 48 and 55 of Subject Item GR1, of the subject Title V air permit (BOP180001).

If you have any questions or comments about the information presented in this letter, please do not hesitate to call me at (609) 318-5500 x1755.

Sincerely,

TRINITY CONSULTANTS

A handwritten signature in blue ink, appearing to read "Michael Trupin", is written over a light blue circular stamp.

Michael Trupin  
Principal Consultant

Attachments

cc: Ms. Mary Toogood, NJDEP (Camden, NJ)  
Mr. Gary Conover, ACUA (Egg Harbor Twp, NJ)

**HEADQUARTERS**

12700 Park Central Dr, Ste 2100, Dallas, TX 75251 / P 800.229.6655 / P 972.661.8100 / F 972.385.9203



**ATTACHMENT 1**  
**1<sup>st</sup> 2020 SEMI-ANNUAL DEVIATION REPORT**



**Section I - Facility Information**1) Facility Name: Atlantic County Utilities Authority Landfill2) Program Interest Number (5-Digit): 70506

The permittee shall submit to the Department and to the EPA, a periodic compliance certification, in accordance with N.J.A.C. 7:27-22.19(f) and the schedule for submittal of compliance certifications set forth in the compliance plan of your operating permit. **The annual compliance certification is due to the Department and the EPA within 60 days of the expiration of each 1-year anniversary of the Initial Operating Permit Approval Date, unless otherwise specified in your approved operating permit.**

3) Submittal Type: First Semi-Annual Report (Choose from List)4) Is this a revision of an already submitted report? No (Choose from List)5) Reporting Year: 20206) This report is due: 07/30/2020  
(MM/DD/YYYY)and covers the reporting period from: 01/01/2020 to: 06/30/2020  
(MM/DD/YYYY) (MM/DD/YYYY)

7) The methods used to determine the compliance status for each permit limitation are, at a minimum, as specified in the approved operating permit.

**Section II - Compliance Certification Statement****Compliance Status for the Reporting Period:**

- ☐ a. Pursuant to N.J.A.C. 7:27-22.19(f)1.i, I hereby state that this facility is currently in compliance with all applicable requirements as indicated in the facility specific requirements of my operating permit and has been in continuous compliance for the time period listed in Section I.3 above.
- ☐ b. Pursuant to N.J.A.C. 7:27-22.19(f)1.i, I hereby state that this facility is currently in compliance with all applicable requirements as indicated in the facility specific requirements of operating permit but had periods of non-compliance during the time period listed in Section I.3 above which are listed in the Deviation Summary tab.
- ☐ c. Pursuant to N.J.A.C. 7:27-22.19(f)1.ii, I hereby state that this facility is in compliance with all applicable requirements as indicated in the facility specific requirements of my operating permit for the time period listed in Section I.3 above except those applicable requirements listed in the compliance schedule, included in my operating permit pursuant to N.J.A.C. 7:27-22.9(c)7, which includes a sequence of actions with milestones leading to compliance with the applicable requirement.
- ☐ d. Pursuant to N.J.A.C. 7:27-22.19(f)1.iii, I hereby state that this facility is in compliance with all applicable requirements for the time period listed in Section I.3 above as indicated in the facility specific requirements of my operating permit, except for those applicable requirements included in an order or consent decree not incorporated into a compliance schedule.
- ☐ e. Pursuant to N.J.A.C. 7:27-22.19(f)1.iv, I hereby state that this facility is currently not in compliance with at least one applicable requirement in the facility specific requirements of my operating permit, which are listed in the Deviation Summary tab.
- ☒ f. None of the above. This is a semi-annual report.

Add Row: Insert Row Delete Rows

Set All Yes/No

Permit Activity ID	Each unit includes ALL Operating Scenarios (OS), Steps (ST), Control Devices (CD), Emission Point (PT), Group (GR) and Equipment (E) listed under that UNIT or BP Emission Unit/Batch Process	Continuous Compliance Throughout the Reporting Period
BOP180001	FC	Yes
BOP180001	FG1	Yes
BOP180001	IS1	Yes
BOP180001	IS2	Yes
BOP180001	IS3	Yes
BOP180001	IS4	Yes
BOP180001	IS5	Yes
BOP180001	IS6	Yes
BOP180001	IS7	Yes
BOP180001	IS8	Yes
BOP180001	GR1	Yes
BOP180001	U1 includes OS0 (OS1, E101, CD1-3, PT1-3)	Yes
BOP180001	U2 includes OS0 (OS2, E201, CD4-5, PT5)	Yes
BOP180001	U3 includes OS0, OS1 and OS2 (E501, E601, PT6, PT7)	Yes
BOP180001	U4 includes OS0 (OS1, E701, PT8)	Yes
BOP180001	U5 includes OS0, OS1-OS6 (E901-903, PT9-11, E921-E923, PT21-23)	Yes
BOP180001	U7 includes OS0 (OS1, E801, PT12)	Yes
BOP180001	U14 includes OS0 and OS1 (E14, PT14)	Yes
BOP180001	U15 includes OS0 (OS1, E904, PT15)	Yes
BOP180001	U16 includes OS0 and OS1 (E905, PT16)	Yes
BOP180001	U17 includes OS0 and OS1 (E15 and PT17)	Yes
BOP180001	U99 includes OS0 and OS1 (E99)	Yes
BOP180001	U100 includes OS0, OS1 and OS2 (E100, CD 100, CD101, CD102, PT100, PT101)	No
BOP180001	U101 includes OS0 (OS1, E906, PT102)	Yes
BOP180001	FG2	Yes

Section 11(a) - Summary of Facility and Enforcement Unit Compliance Status				Section 11(b) - Summary of Facility and Enforcement Unit Compliance Status				Section 11(c) - Summary of Facility and Enforcement Unit Compliance Status			
Add Rows		Report Name	Update Name	Section 11(a) - Summary of Facility and Enforcement Unit Compliance Status		Section 11(b) - Summary of Facility and Enforcement Unit Compliance Status		Section 11(c) - Summary of Facility and Enforcement Unit Compliance Status		Section 11(d) - Summary of Facility and Enforcement Unit Compliance Status	
Report Name	Update Name	Report Name	Update Name	Report Name	Update Name	Report Name	Update Name	Report Name	Update Name	Report Name	Update Name
Section 11(a) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(b) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(c) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(d) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(a) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(b) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(c) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(d) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(a) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(b) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(c) - Summary of Facility and Enforcement Unit Compliance Status	Section 11(d) - Summary of Facility and Enforcement Unit Compliance Status





**ATTACHMENT 2**  
**1<sup>st</sup> 2020 SEMI-ANNUAL NSPS AND SSM REPORT**





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July 30, 2020

Director, Air and Waste Management Division  
US Environmental Protection Agency, Region 2  
290 Broadway, 21<sup>st</sup> Floor  
New York, NY 10007

RE: Atlantic County Utilities Authority (ACUA) – PI Number: 70506  
Permit Activity Number BOP180001  
Semi-Annual NSPS Subpart WWW Report & SSM Report (1st Half of 2020)

Dear Director:

This document has been prepared on behalf of the Atlantic County Utilities Authority (ACUA) for their landfill activities in Egg Harbor Township, New Jersey. Please accept this letter as the required semi-annual report for NSPS Subpart WWW and the required semi-annual Startup, Shutdown and Malfunction (SSM) report under the NESHAP regulations. A certification form for these reports is included in Attachment 1.

## SEMI-ANNUAL REPORT PER NSPS SUBPART WWW

The regulations at 40 CFR 60.757(f) require the submittal of reports to summarize the information recorded pursuant to (f)(1) through (f)(6). The requirements (previously) at 40 CFR 63.1980(a) indicate that the NSPS annual report submittal (consistent with this report) must be submitted every 6 months. The following sections detail the regulatory requirements and provide the necessary information:

### 40 CFR 60.757(f)(1) – Value and length of time for exceedance of applicable parameters monitored under 60.756(a), (b), (c), and (d).

**60.756(a) – Pressure, Temperature & Oxygen** – Per 40 CFR 60.753(b) and (c)<sup>1</sup>, there were 2 recorded exceedance of the operational standards for oxygen listed below.

Well ID #	Type of Exceedance	Date	Initial value	Days Exceeded	Comments
ACUA0089	O <sub>2</sub>	06/09/2020	5%	3	Corrected per NSPS WWW
ACUA0116	O <sub>2</sub>	06/10/2020	5%	2	Corrected per NSPS WWW

**60.756(b) – Enclosed Flare Temperature** – Per 40 CFR 60.758(c)(1)(i), there were no 3-hour periods of operation during which the average combustion temperature was more than 50 degrees F below the

<sup>1</sup> Note that, per the GCCS Design Plan, the facility maintains a listing of Higher Operating Value wells, early installed collectors, abandoned wells, decommissioned wells, and temporarily decommissioned wells. Rather than include these evolving lists in these reports, the facility will continue to maintain these listings for review, if requested.

### HEADQUARTERS

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average combustion temperature during the most recent performance test (required for an approved control system). Additionally, the facility maintains records (at least every 15 minutes) of flare flow.<sup>2</sup>

**60.756(c) – Open Flare Operation** – An open flare must have a heat sensing device to indicate continuous presence of a flame. An open flare must also utilize a gas flow rate measuring device that records flow at least every 15 minutes (or must maintain a secure bypass line in the closed position). The open flare did not operate during the compliance period. All required equipment is installed and operational on the open flare.

**60.756(d) – Devices other than an Open Flare or Enclosed Combustor** – The facility utilizes a gas treatment system, consistent with 40 CFR 60.752(b)(2)(iii)(C), and sends the treated gas to a third party energy facility. No parameters are required to be monitored as part of the gas treatment system operation.

#### **40 CFR 60.757(f)(2) – Description and duration of all periods when the gas stream is diverted from the control device through a bypass line or the indication of bypass flow as specified under 60.756.**

There were no periods of time where landfill gas flow was diverted from either a control device or the gas treatment system (which provides gas to a third party energy facility) to a bypass line (i.e., no free-venting of landfill gas occurred).

#### **40 CFR 60.757(f)(3) – Description and duration of all periods when the control device was not operating for a period exceeding 1 hour and length of time the control device was not operating.**

As previously indicated, the open flare did not operate during the reporting period. While there were periods of time, greater than 1 hour, when the enclosed flare was not operational, please note that the third-party gas to energy facility combusts landfill gas on a continuous basis (notwithstanding any engine shutdown events). In general, landfill gas (or treated landfill gas) is combusted by either ACUA or third-party equipment at all times. Regardless, the following periods of time represent enclosed flare downtime of greater than 1 hour:

Date	Duration (Approx.)	Description
03/19/2020	5.8 hr	Power Outage
05/05/2020	1.1 hr	Power Outage

#### **40 CFR 60.757(f)(4) – All periods when the collection system was not operating in excess of 5 days.**

There were no periods of time where the landfill gas collection system was not operational for a period of time exceeding 5 days.

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<sup>2</sup> Testing of the unit was performed on May 21, 2019. The average temperature from the May 21, 2019 testing was determined to be approximately 1669 degrees Fahrenheit. This value will be used as the average temperature from the most recent performance test (for future compliance reporting under NSPS).



**40 CFR 60.757(f)(5) – The location of each exceedance of the 500 parts per million methane concentration provided in 60.753(d) and the concentration recorded at each location for which an exceedance was recorded in the previous month.**

The below table provides a listing of monitoring locations where the monitored methane concentration was 500 parts per million or more above background during the quarterly surface monitoring events.

<b>Location (per Report)</b>	<b>Initial Scan Date</b>	<b>Quarterly Result (PPM)</b>	<b>10-Day Re-Monitor Result (PPM)</b>	<b>Additional 10-Day Re-Monitor Result (PPM)</b>	<b>1-Month Re-Monitoring Result (PPM)</b>
Tag 2 - EW-29	03/13/2020	9,035	3,610	372	3
Tag 3 - EW-21	03/13/2020	24,178	185	-	115
Tag 4 - EW-66R	03/13/2020	945	7	-	21
Tag 7 - H-68	03/13/2020	1,510	187	-	366
Tag 27 - H-66	03/13/2020	2,381	665	19	76
Tag 29 - EW-45	03/13/2020	2,745	5	-	37
Tag 37 - EW-70R	03/13/2020	1,617	1,310	6	28
Tag 41 - EW-138	03/13/2020	2,144	992	82	50
Tag 61 - EW-137	03/13/2020	13,527	500	35	15
Tag 62 - EW-135*	03/13/2020	1,495	895	4,535	-
Tag 66 - EW-132	03/13/2020	16,737	91	-	3
Tag 70 - EW-82	03/13/2020	843	12	-	2
Tag 72 - EW-90	03/13/2020	620	611	10	7
Tag 74 - EW-126	03/13/2020	7,983	87	-	13
Tag 76 - Capped riser next to EW-16R	03/13/2020	791	891	88	58
Tag 87 - LFG cap collector across from EW-122	03/13/2020	12,353	6	-	92
Tag 88 - 9H-15, capped pipe by H-48	03/13/2020	772	208	-	19
Tag 111 - CL-49	03/13/2020	608	921	41	2
Tag 116 - Capped pipe below CL-49	03/13/2020	4,245	646	2	2
Tag 88 – EW-69	06/09/2020	932	7	-	43
Tag 220 – EW-135	06/09/2020	875	27	-	130
Tag 8 – EW-87	06/09/2020	672	80	-	7
Tag 32 – Around the base of cap collector 5	06/09/2020	548	175	-	6
Tag 37 – Around the base of H-68	06/09/2020	500	43	-	22

Location (per Report)	Initial Scan Date	Quarterly Result (PPM)	10-Day Re-Monitor Result (PPM)	Additional 10-Day Re-Monitor Result (PPM)	1-Month Re-Monitoring Result (PPM)
Tag 102 – Around the base of abandoned well next to EW-29	06/09/2020	1,766	40	-	19
Tag 109 – EW-18R	06/09/2020	626	3	-	5
Tag 132 – EW-90	06/09/2020	1,343	5	-	4

\*This location was the source of an Alternative Remedy submittal made to both the US EPA and the NJDEP on June 24, 2020. The Alternative Remedy has yielded surface methane concentrations of below 500 ppm.

### 40 CFR 60.757(f)(6) – The date of installation and the location of each well or collection system expansion added pursuant to paragraphs (a)(3), (b), and (c)(4) of 60.755.

There were no wells installed or other collection system expansions made (during this semi-annual period) that were made pursuant to paragraphs (a)(3), (b), and (c)(4) of 60.755.

## SEMI-ANNUAL SSM REPORT PER NESHAP SUBPART A

The periodic startup, shutdown, and malfunction reports (SSM Reports) required by 40 CFR 63.10(d)(5)(i) are applicable based on their inclusion in Table 1 of NESHAP Subpart AAAAA. The regulatory language applicable to SSM Reports is as follows (emphasis added):

*"If actions taken by an owner or operator during a startup or shutdown (and the startup or shutdown causes the source to exceed any applicable emission limitation in the relevant emission standards), or malfunction of an affected source (including actions taken to correct a malfunction) are consistent with the procedures specified in the source's startup, shutdown, and malfunction plan (see §63.6(e)(3)), the owner or operator shall state such information in a startup, shutdown, and malfunction report. Actions taken to minimize emissions during such startups, shutdowns, and malfunctions shall be summarized in the report and may be done in checklist form; if actions taken are the same for each event, only one checklist is necessary. **Such a report shall also include the number, duration, and a brief description for each type of malfunction which occurred during the reporting period and which caused or may have caused any applicable emission limitation to be exceeded. Reports shall only be required if a startup or shutdown caused the source to exceed any applicable emission limitation in the relevant emission standards, or if a malfunction occurred during the reporting period.** The startup, shutdown, and malfunction report shall consist of a letter, containing the name, title, and signature of the owner or operator or other responsible official who is certifying its accuracy, that shall be submitted to the Administrator semiannually..."*

### Startup Events

During the reporting period covered by this report, a total of 9 enclosed flare startup events occurred. Of this total number of events, the actions taken in response to 9 startup events were consistent with the SSM Plan. There were 0 startup events that were not consistent with the SSM Plan. During the reporting period, there were no startup events that caused the source to exceed an applicable emission limitation.

## Shutdown Events

During the reporting period covered by this report, a total of 9 enclosed flare shutdown events occurred. Of this total number of events, the actions taken in response to 9 shutdown events were consistent with the SSM Plan. There were 0 shutdown events that were not consistent with the SSM Plan. During the reporting period, there were no shutdown events that caused the source to exceed an applicable emission limit.

## Malfunction Events

During the reporting period covered by this report, a total of 0 malfunction event occurred (in association with the operation of the enclosed flare).<sup>3</sup>

Please note that there were no revisions to the facility's SSM Plan made during the reporting period.

If you have any questions or comments about the information presented in this letter, please do not hesitate to call me at (609) 318-5500 x1755.

Sincerely,

TRINITY CONSULTANTS



Michael Trupin  
Principal Consultant

## Attachments

cc: Ms. Mary Toogood, NJDEP (Camden, NJ)  
Mr. Gary Conover, ACUA (Egg Harbor Twp, NJ)

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<sup>3</sup> For the purposes of SSM reporting, events in which the auto shutoff valve functioned as designed (regardless of the cause of the shutdown) were not reported as malfunctions. For example, regardless of listings in the facility's SSM Plan, power outages were not included as "malfunctions" in this report. While the flare does shutdown during outages, the automatic shutdown functions in a normal manner (eliminating any potential for exceedances).





**ATTACHMENT 1**  
**CERTIFICATION FORM**



## CERTIFICATION

**Facility ID:** 70506  
**Facility Name:** Atlantic County Utilities Authority Landfill


**Responsible Official:**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

**Name:** Richard Dovey (President)      **Signature:**       **Date:** 7 / 30 / 2020

**Individuals with Direct Knowledge:**

I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

**Name:** Gary Conover (Solid Waste Director)      **Signature:**       **Date:** 7 / 30 / 2020  
**Section Being Certified:** All

**Name:** \_\_\_\_\_      **Signature:** \_\_\_\_\_      **Date:**   /  /    
**Section Being Certified:** \_\_\_\_\_

**Name:** \_\_\_\_\_      **Signature:** \_\_\_\_\_      **Date:**   /  /    
**Section Being Certified:** \_\_\_\_\_

**Name:** \_\_\_\_\_      **Signature:** \_\_\_\_\_      **Date:**   /  /    
**Section Being Certified:** \_\_\_\_\_

